



North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101  
Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director  
919-733-3983

August 3, 2006

**Dear County Director of Social Services, Local Management Entities, Local Health  
Department Director and County Department on Aging Director**

**Subject: Decision Making Training for Public Agent Guardians**

Ethical dilemmas frequently arise during decision making and are often challenging for the guardian. The guardian is very often concerned about liability when making difficult decisions in the best interest of wards. This may be especially true when the guardian is challenged with decisions concerning consent for invasive medical treatment that may harm the ward, implementation of do not resuscitate orders, or withholding or withdrawal of extraordinary means.

The Division of Aging and Adult Services is pleased to announce that the training, "Guardianship: Decision Making, Legal and Ethical Issues", will be offered twice during SFY 2006-07. **These two-day workshops are specifically designed for directors and assistant directors of local human services agencies who serve as disinterested public agent guardians, and attorneys who work with these agencies.**

Through case-based discussions, lectures, and audio visual materials participants will be introduced to key concepts, issues, and ethical principles to facilitate informed decisions. Participants will learn practical strategies to strengthen existing policies and procedures for decision making and approaches that may utilize to support a guardian's legal mandates, duties to the ward and limit the guardian's liability.

Mark your calendars for these workshops and share with your legal staff\*. You do not want to miss this opportunity to network with peers and experts.

The workshops will be held in the following locations:

**April 18 & 19, 2007**

Western Piedmont Community College  
1001 Burkemont Drive  
Morganton, NC

**May 15 & 16, 2007**

Triangle J Council of Governments  
4307 Emperor Drive, Suite 110  
Durham, NC

(\*Continuing Legal Education [CLEs] credits will be applied for.)

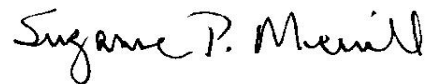
Dear Director  
RE: Guardianship Decision Making Training  
August 3, 2006  
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You must pre-register if you plan to attend a workshop. There is no limit on the number of participants who may attend a particular workshop. Registration information is attached. Please complete all information on the registration form. If more than one person from your agency plans to attend, please duplicate the form so that each person can register separately. Please mail all registration information at least two weeks in advance of the specified workshop to Monica Nealous at the above address or FAX to (919) 715-0023.

After your registration is received, you will be sent a confirmation letter, directions to the workshop site and suggestions concerning overnight accommodations.

If you have questions or need additional information about the workshops, please contact Kate Walton, Guardianship Consultant, at (919) 733-3818 or your Adult Programs Representative.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive style with a large, stylized 'S' and 'M'.

Suzanne P. Merrill, Chief  
Adult Services Section

SPM/ksw  
Attachment  
AFS-09-2006

## Adult Services, NC Division of Aging and Adult Services Registration Form

**Have you attended the prerequisites for this training event?**

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name? \_\_\_\_\_

"Goes By" Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American

☐ Latino/Hispanic

☐ Asian/Pacific Islander

☐ Native American/Eskimo

☐ Mixed Race

Home Phone (please include area code):

( ) \_\_\_\_\_

Work Phone & Extension (please include area code):

( ) \_\_\_\_\_

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_

County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_

Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

### Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

### Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

### Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

### Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

### Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

### Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

### Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: \_\_\_\_\_

Date(s) of Training Event: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

If you are replacing a registered co-worker, what is his/her name: \_\_\_\_\_

If you are making up a missed training day, which day are you making up? \_\_\_\_\_